

DOCTOR BEAM, M.D.

MARCH 9, 2004.

1. I DARRYL BAKER, EMERGE IN ADMINISTRATIVE SEGREGATION ON SUNDAY FEBRUARY 29, 2004.
2. I WAS SEEN BY A DOCTOR IN MEDICAL AND RECEIVED NO MEDICATION FOR MY EYE INJURY.

MONDAY MARCH 1, 2004, NURSE NELSON, CAME TO ADMINISTRATIVE SEGREGATION AND, I INFORM HER OF MY INJURY AND SHE REFUSED TO GIVE ME MEDICAL ATTENTION.

BOTH ASSISTANT WARDENS CAME TO MAKE THEIR ROUNDS UNDER BOP POLICY AND I INMATE BAKER BROUGHT MY MEDICAL NEED TO BOTH OF THE AND I WAS STILL DENIED ATTENTION.

IT'S BEEN TWO (2) WEEKS UNTIL THIS DAY AND, A MALE FROM MEDICAL CAME TO ADMINISTRATIVE SEGREGATION AND MARCH 9, 2004, AND I INMATE BAKER STILL AGAIN WAS DENIED MEDICAL TREATMENT FROM STAFF HERE AT F.C.I. MCKEAN.

DOCTOR BEAM, M.D., I INMATE BAKER, STILL HAVE A EYE INJURY DO TO THE FACT I WAS ASSULTED BY TWO INMATES. I AM STILL REQUESTING MEDICAL TREATMENT, PLEASE LOOK INTO THE MATTER.

ALSO, I BROUGHT MY INJURY TO THE A-STAFF IN ADMINISTRATIVE SEGREGATION. NAME IS OFFICER CANNON.

000187

8. UNDER THE EIGHTH AMENDMENT FOR CRUEL AND UNUSUAL PUNISHMENT WHEN STAFF DENY AN INMATE MEDICAL ASSISTANCES IT VIOLATES THIS AMENDMENT BECAUSE STAFF IS BEING DELIBERATELY INDIFFERENT TOWARD A INMATE MEDICAL NEEDS.
1. UNDER THE ANTITERRORISM DEATH PENALTY ACT WHICH WAS INACTED CARRIES THE PRISON LITIGATION REFORM ACT WHERE A INMATE MUST EXHAUST HIS ADMINISTRATIVE REMEDIES BEFORE HE CAN PRESENT HIS CLAIM IN THE DISTRICT COURT.

INMATE BAKER  
# 19613-039

Reviewed & Seen 3/11/04  
see chart note

*H. Beam*  
H. BEAM, MD  
FCI MCKEAN

000188

BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR MEDICAL</b>	DATE: <b>3-28-03</b>
FROM: <b>INMATE BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>SHU</b>	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, TODAY AT APPROXIMATELY 8:10 NURSE NELSON, ARRIVED AT SHU DOOR 101. I REQUESTED MEDICAL ATTENTION AND WAS DELETED AGAIN. THIS IS THE FOURTH (4) TIME I BROUGHT THIS TO HER ATTENTION CONCERNING MY SYMPTOMS.

PLEASE LOOK INTO THE MATTER!

8th AMENDMENT

CRUEL AND UNUSUAL PUNISHMENT DENIAL OF MEDICAL NEED, AND BEING DELIBERATELY INDIFFERENT!

(Do not write below this line)

DISPOSITION: I saw you on 3/31/03. Are you still having a need for evaluation? Your note complaining about Nelson RN doesn't mention your concern.

Please direct requests for care to the PA or nurse practitioners or MD making rounds in the future. The nurse does not diagnose problems.

Signature Staff Member

*W. BEAM, MD*  
W. BEAM, MD  
FCI MCKEAN

Date

4/3/03

000189

Record Copy - Filer Copy - Inmate

This form may be reutilized via WHI BEAM, MD  
FCI MCKEAN

This form replaces BP-148.070 dated Dec 86  
and BP-S148.070 APR 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DOCTOR ("MEDICAL")</b>	DATE: <b>3-28-03</b>
FROM: <b>INMATE BAKER</b>	REGISTER NO.: <b># 19613-039</b>
WORK ASSIGNMENT: <b>SHU</b>	UNIT: <b>A-A</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, I HAVE BEEN IN ADMINISTRATIVE DETENTION FOR (13) DAYS REQUESTING MEDICAL ATTENTION FOR MY MEDICAL NEED, SYMPTOMS, ("I HAVE PUS, AND INFLAMMATION, BLEEDING, EXASPERATION, ON THE SURFACE OF MY HEAD") I HAVE BROUGHT THIS TO THE ATTENTION OF YOUR MEDICAL TEAM HERE AT FCI, MCKEAN. THEY ARE FIRST, SHIFT (NURSE (3) TIMES), EVENING WATCH NURSE ON (2) OCCASIONS, AND (P.A. ON (2) OCCASION), AND STILL NO RESULTS.

DOCTOR, TO PREVENT THIS MATTER FROM RESULTING TO BE ~~ADJUDICATED~~ ADJUDICATED ON JUDICIAL PRECEDINGS PLEASE, LOOK INTO THE MATTER! CAUSE, ("8 AMENDMENT RULE AND UNUSUAL PUNISHMENT BEING DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEED").

(Do not write below this line)

DISPOSITION:

*I will be examining your scalp soon.*

Signature/Staff Member <i>H. BRAM, MD</i> <b>H. BRAM, MD</b>	Date <b>3/28/03</b>	<b>000190</b>
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 96 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>MEDICAL DOCTOR LENORD</b>	DATE: <b>JUNE 23, 2001</b>
FROM: <b>INMATE BAKER</b>	REGISTER NO.: <b>#19613-039</b>
WORK ASSIGNMENT: <b>SAU</b>	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I CONFABULATED WITH YOU TWO (2) WEEKS  
PERTAINING TO THE INJURY TO MY HEAD. I ALSO CONFABULATED WITH  
MS. TIGER (PA.) SHE EXPLAINED THAT SHE WILL NOT PRESCRIBE ANY OTHER  
MEDICATION. THE SYMPTOMS THAT I HAVE ON MY HEAD ARE BLEEDING,  
SWELLING, PUSS, IRRITATION, SORE, AND EXCRUCIATING PAIN. IT HAS  
BEEN ONE (1) YEAR AND A 1/2 AND THE MEDICAL DEPARTMENT HERE AT FCI,  
LORETO HAS NOT PROVIDED ME WITH MEDICAL TREATMENT I AM REQUIRED.  
DOCTOR LENORD, PLEASE DO NOT BE DELIBERATELY INDIFFERENT  
TOWARD MY MEDICAL NEEDS.

(Do not write below this line)

DISPOSITION:

YOU HAVE BEEN PLACED ON THE  
WAITING LIST. WATCH THE CALL-OUTSReceived 6/26/02  
DZ

Please continue with the measures I discussed  
with you on 6/5/02 when I saw you  
to include decrease of frequency of washing  
scalp as the healing can be slow. You  
may follow up with the PA as needed until  
I can see you.

Signature Staff Member <i>Daniel Leonard</i> Daniel Leonard, M.D. Clinical Director	Date <b>6/26/02</b>	<b>000191</b>
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(This form may be replicated via WP)This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. LENORD HOSPITAL	DATE: 06-05-02
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LENORD, I HAVE A PROBLEM WITH BUMPS, SORES, BLEEDING ON MY HEAD. I TALK WITH SEVERAL P.A'S AND I TOLD THEM THIS PROBLEM HAS BEEN THERE FOR 6 MONTHS OR MORE.

DOCTOR LENORD, IF YOU WOULD PLEASE COME TO (SHU) TO EXPLORE THIS MATTER, BECAUSE IT'S CAUSING EXCURCIATING PAIN.

THANK YOU!

(Do not write below this line)

DISPOSITION:

As you know I saw you today  
while I was in SHU.

Signature Staff Member Daniel Leonard, M.D. Clinical Director	Date 6/5/02	000192
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This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



## FCI Loretto

Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:  
(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: DARREY BAKER  
(Nombre)
2. Reg. Number: 19613-039 WORK DETAIL: UNICOR  
(Numero de Registro)
3. Date: 10/17/01  
(Fecha)
4. Housing unit and Unit Team: NO. 3 230P TEAM: (A) B C D E F  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
Bumps in my head.
6. How long have you had this problem?  
(Durante cuanto tiempo ha tenido este problema?)  
Days \_\_\_\_\_ Months 8 Months Years \_\_\_\_\_  
Dias \_\_\_\_\_ (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescripcion en la Comisaria?)  
Yes \_\_\_\_\_ No ✓
9. Signature Darrey Baker  
(Firma)

**TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:**

10. Date Seen: 10/18/01
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: 10/18/01 Appointment Time 0815
14. Triage Personnel's Signature: [Signature]

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## FCI Loretto

## Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Darryl Baker  
(Nombre)
2. Reg. Number: #19613-039 WORK DETAIL: UNICOR  
(Número de Registro)
3. Date: \_\_\_\_\_  
(Fecha)
4. Housing unit and Unit Team: 23NO. 23UP. TEAM: A B C D E F  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
HAVE SOME BUMPS IN MY HEAD
6. How long have you had this problem?  
(Durante cuanto tiempo ha tenido este problema?)  
Days 4 Months 8 Years \_\_\_\_\_  
Dias (Meses) (Años)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ☒  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No ☒
9. Signature Darryl Baker  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: \_\_\_\_\_
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
14. Triage Personnel's Signature: \_\_\_\_\_

000194



## FCI Loretto

## Inmate Sick Call Sign-Up Sheet - (NOT DENTAL)

(Formulario y Registro para Atencion Medica de Confinados)

## INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: DARRYL BAKER  
(Nombre)
2. Reg. Number: # 19613-039 WORK DETAIL: UNI COR  
(Numero de Registro)
3. Date: July 23, 2001  
(Fecha)
4. Housing unit and Unit Team: 23 NO. 230 TEAM: (A) B C D E F  
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?  
(Queja). (Cual es su problema?)  
RASH ACCUMULATED IN MY HEAD
6. How long have you had this problem?  
(Durante cuante tiempo ha tenido este problema?)  
Days 5 Months 6 Years \_\_\_\_\_  
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes \_\_\_\_\_ No ✓  
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?  
(Ha comprado medicinas non-prescipcion en la Comisaria?)  
Yes \_\_\_\_\_ No ✓
9. Signature Darryl Baker  
(Firma)

## TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 7/23/01
11. Time Seen: \_\_\_\_\_
12. Subjective: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Objective: Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ B/P \_\_\_\_\_
13. Appointment Date: \_\_\_\_\_ Appointment Time \_\_\_\_\_
14. Triage Personnel's Signature: Al Greder

000195

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DENTIST	DATE: MAY 16, 2000
FROM: DARRELL BAKER	REGISTER NO.: #19613-039
WORK ASSIGNMENT: ORDARLY	UNIT: A-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

TEETH CLEANED AND EXAMINED

INMATE BAKER  
#19613-039

THANK YOU!

(Do not write below this line)

DISPOSITION:

Your name has been added  
the waiting list. Please  
watch the call-outs.

FCI McKean

Signature Staff Member D. Tanner, H77	Date 5-22-00
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000196

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94

DATE 11/13/1998

TO: DARRELL BAKER  
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

"URGENT" I NEED DENTAL ATTENTION  
IMMEDIATELY, BECAUSE OF A FILLING THAT  
FELL OUT.

INMATE BAKER  
19613-039

(Use other side of page if more space is needed)

NAME: \_\_\_\_\_ No.: \_\_\_\_\_

Work assignment: \_\_\_\_\_ Unit: \_\_\_\_\_

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11/20/98

**\* YOU ARE EXPERIENCING  
ANY DENTAL PAIN OR  
DISCOMFORT, PLEASE SIGN UP  
FOR SICK CALL**

WS

WG. STERBA DDS

Officer

000197